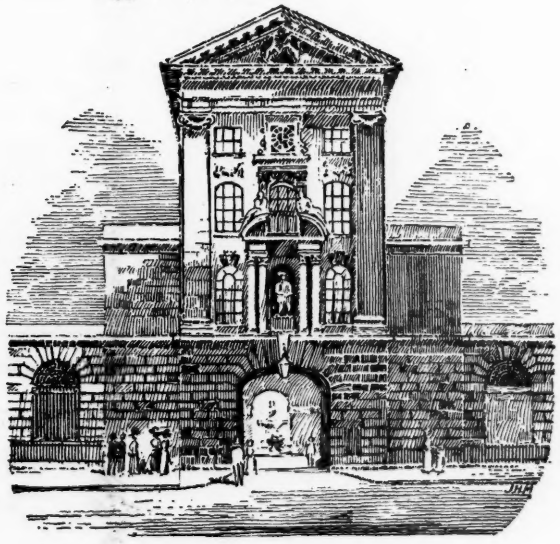
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXVI.—No. 2. NOVEMBER, 1928. [PRICE NINEPENCE.

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St. Bartholomew's Hospital Journal.

"Æquam memento rebus in arduis
Servare mentem."
—*Horace*, Book ii, Ode iii.

VOL. XXXVI.—No. 2.] NOVEMBER 1ST, 1928. PRICE NINEPENCE.

CALENDAR.

Thurs., Nov. 1.—Association Match *v.* Keble College, Oxford. Away.
Fri., „ 2.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., „ 3.—Rugby Match *v.* Cardiff. Away.
Association Match *v.* Old Salopians. Home.
Hockey Match *v.* Old Cranleighans. Home.
Mon., „ 5.—Special Subject: Clinical Lecture by Mr. Rose.
Tues., „ 6.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., „ 7.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
Fri., „ 9.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Morley Fletcher.
Sat., „ 10.—Rugby Match *v.* Moseley. Away.
Association Match *v.* University College. Away.
Hockey Match *v.* Hendon. Away.
Mon., „ 12.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., „ 13.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 14.—Surgery: Clinical Lecture by Mr. L. B. Rawling.
Thurs., „ 15.—Association Match *v.* Lancing College. Home.
Abernethian Society: Clinical Evening, 5.30.
Fri., „ 16.—Dr. Morley Fletcher and Sir Holburt Waring on duty.
Sat., „ 17.—Rugby Match *v.* Rosslyn Park. Away.
Association Match *v.* Old Mercers. Home.
Hockey Match *v.* Emmanuel College, Cambridge. Away.
Mon., „ 19.—Special Subject: Clinical Lecture by Mr. Scott.
Tues., „ 20.—Sir Percival Hartley and Mr. L. B. Rawling on duty.
Wed., „ 21.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Hockey Match *v.* Keble College. Home.
Thurs., „ 22.—**Last day for receiving matter for the December issue of the Journal.**
Fri., „ 23.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Dr. Langdon Brown.
Sat., „ 24.—Rugby Match *v.* Devonport Services. Away.
Association Match *v.* Clare College, Cambridge. Away.
Hockey Match *v.* Christchurch College, Oxford. Home.
Mon., „ 26.—Special Subject: Clinical Lecture by Mr. Elmslie.
Rugby Match *v.* R.N.E.C. (Keyham).
Tues., „ 27.—Dr. Langdon Brown and Mr. Harold Wilson on duty.
Wed., „ 28.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Fri., „ 30.—Prof. Fraser and Prof. Gask on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Savoy Hotel.—9.0 p.m.: St. Bartholomew's Hospital Dance.

EDITORIAL.

THERE is about the celebration of one's birthday a pleased sense of virtue upon receiving the congratulations and tokens that fall to one's lot on that occasion. That we have done nothing whatsoever to deserve it, except, in the face of so much advice upon the art of healthy living daily thrust upon us, we have managed to survive for a particular number of years, detracts nothing from the magnitude of our enjoyment. Indeed, it serves to enhance it, for are we not being fêted for the jolly fellows we are, and not for some achievement for which in any case we ought to be cheered?

It is in this mood of accepting favours for something chance has thrown our way that we proudly announce the birth of triplets in Elizabeth Ward.

For the past twenty years the Hospital has achieved, at best, mere twins. At last we can rejoice, quite irrationally, but nevertheless wholeheartedly.

* * *

Seldom has such a thoroughly entertaining and pre-eminently useful a book on general topics been produced by a member of the Staff as Mr. and Mrs. Kenneth Walker's latest, *On being a Father*, which is reviewed in our columns this month. *The Log of the Ark* we all know or ought to, and its successor will be useful not only to children who wish to get the best out of their parents and understand them, but might make for matrimonial harmony where none was before. The amusing stories it contains and the illustrations assist in making a thoroughly good investment.

* * *

The Students' Union will hold its Annual Dance on November 30th, at the Savoy Hotel.

We can only leave to the imagination of our readers the exact promises of this bare statement.

The Ball commences at nine and ends at three. Mr. Clifford Essex and his *confrères* will make the music. Tickets for this unrivalled opportunity for dancing and other innocent pastimes may be obtained from Mr. I. E. Phelps and Mr. E. V. Frederick. Single tickets are 21*s.*, and the double tickets are 35*s.* each.

* * *

DEAR SIR,—King's College, University of London, is this year celebrating the Centenary of its foundation, and an appeal is being issued for £350,000 to enlarge the College and to provide a much-needed endowment. Of this sum about £100,000 is needed to endow special Chairs and Studentships in Physics, Physical Chemistry, Electrical Engineering and Physiology. As the contribution of King's College to science has been very considerable, may we ask you to commend the College and its needs to your readers?

I enclose a copy of the appeal letter, and a booklet which sets out our needs at greater length.

Yours faithfully,

King's College, London, Strand, W.C. 2; *October 20th*, 1928.

G. B. HARRISON, *Press Correspondent.*

* * *

The following gentlemen have been nominated to House Appointments from November 1st, 1928:

Junior House Physicians—	
Dr. Morley Fletcher	A. P. Gaston.
Sir Percival Hartley	W. A. Nicholson.
Prof. F. R. Fraser	A. A. Miles.
Sir Thomas Horder, Bart.	W. V. Cruden.
Dr. Langdon Brown	W. Smith.
Junior House Surgeons—	
Sir Holburt Waring	R. W. Raven.
Mr. L. B. Rawling	W. J. Lloyd.
Prof. G. E. Gask	A. C. Bell.
Sir C. Gordon-Watson	J. A. Cholmeley.
Mr. Harold Wilson	D. A. Langhorne.
Intern Midwifery Assistant (Resident)	C. R. Jenkins.
Intern Midwifery Assistant (Non-Resident)	J. C. F. Ll. Williamson.
Extern Midwifery Assistant	T. R. Smith.* / K. W. Mackie.†
H.S. to Throat and Ear Departments	A. W. L. Row.
H.S. to Ophthalmic Department	C. G. Sinclair.
H.S. to Venereal and Skin Departments	O. H. Bellerby.* / G. W. Pimblett.†
H.S. to Orthopædic Department	W. Buckley.
Senior Resident Anæsthetist	J. H. Attwood.‡
Junior Resident Anæsthetists	M. L. Kreitmayer. / A. T. Pagan.
Casualty House Physicians	A. Bennett.* / F. W. Linton-Bogle.* / W. P. M. Davidson.* / H. H. Boydon.† / E. G. C. Darke.† / E. A. E. Palmer.†
Casualty House Surgeons	G. C. C. MacVicker.* / F. H. Ward.†

* 3 months, November. † 3 months, February. ‡ 12 months. All others for 6 months.

A CASE OF COARCTATION OF THE AORTA.

THE patient, a warehouseman, æt. 44, was admitted to Sandhurst Ward on October 30th, 1928, on account of shortness of breath.

History of present condition.—He was well and able to do heavy work until June, 1928, when he had a septic finger, which was incised twice. Towards the end of June he began to be dyspnœic on exertion and was easily tired. He rested for two weeks and then returned to work, although his health remained poor. In September his ankles began to swell and he was obliged to leave his work and rest. For two weeks before admission the dyspnœa had been becoming more marked. Ten days previously he had a sudden attack of dyspnœa while in bed. There was no pain. He coughed up yellowish-green sputum streaked with bright blood. A week later he had a similar attack, but this was accompanied by pain in the right side of the chest.

Past history.—He had had no previous illness. When examined for the army he was classed as B 3, but did not know the reason.

Condition on admission.—A very pale, thin man, orthopnœic. Eyes prominent. Lagging of right upper eyelid. Marked arterial pulsation in neck and supraclavicular fossæ.

The apex-beat of the heart was 1 in. outside nipple line in fifth space. Area of cardiac dullness extended to the third rib above, to the right border of the sternum on the right, and to the position of the apex-beat on the left. At the apex there was a presystolic murmur leading up to a slapping first sound. At the aortic base there was a systolic murmur conducted upwards into the neck. The second sound was accentuated, and followed by a musical diastolic murmur which was conducted down the left border of the sternum. There was also a systolic murmur at the pulmonary base and the pulmonary second sound was accentuated. Corrigan pulse. Blood-pressure 112/60.

It was noted that there were tortuous pulsating superficial arteries over the back of the chest, especially around the right scapula.

Lungs showed signs of congestion and a patch of consolidation at the left base. Lower edge of liver just palpable. Spleen not palpable. There was slight œdema of the left ankle. Urine normal apart from a trace of albumen.

Wassermann reaction negative.

X-ray of chest taken one month before admission

showed a shadow extending up from the arch of the aorta to the roof of the neck. It was suggested that this shadow might be due to dilatation of one of the big vessels.

The patient was treated with digitalis, but died suddenly on the day after admission.

Autopsy.—The heart was greatly enlarged. The cavity of the right auricle extended right across the back of the heart. Both ventricles were hypertrophied, especially the left. The cusps of the mitral valve were thickened. The aortic valve segments were covered with shaggy vegetations attached to their ventricular surfaces. One segment was partially destroyed.

At a point ¼ in. beyond the attachment of the ductus arteriosus the aorta was constricted, as though a string were tied round it, to a diameter of ½ in. Above the constriction there were some areas of atheroma. Immediately below there was an area of fibrous infiltration, and to part of this area a small vegetation was attached. The abdominal aorta was normal in size.

The arteries supplying the neck and arms were larger than normal. The internal mammary arteries were enlarged to the size of a pencil, and tortuous. They anastomosed with enlarged deep epigastric arteries. The right superior intercostal artery was a large tortuous vessel which descended in front of the necks of the ribs, giving off large branches which passed between the ribs to the back. It finally joined the right posterior aspect of the aorta just below the coarctation.

The right lung showed an infarct on its anterior surface. Both lower lobes were congested and contained irregular areas of consolidation. There was an aneurysm about 1 in. in diameter and containing clot on one of the branches of the superior mesenteric artery. There was an infarct in the spleen.

With regard to the pathogenesis of coarctation of the aorta in adults, it was suggested by Skoda that the tissue of the ductus arteriosus may sometimes extend into the wall of the aorta. This tissue slowly contracts and leads to the characteristic constriction of the aorta.

The above case is of interest from the following points of view:

1. The rarity of the condition.
2. The collateral circulation was so good that the patient was able to do heavy work without discomfort.
3. The illustration of the fact that in ulcerative endocarditis vegetations tend to occur where there are structural abnormalities in the heart or blood-vessels.

I am indebted to Dr. Geoffrey Evans for permission to publish this case. R. G. ANDERSON.

A CASE OF MULTIPLE TELANGIECTASIS WITH SPLENOMEGALY.

THIS description forms a parallel with that of a case of hæmorrhagic telangiectasis reported in this JOURNAL last year(1), with the addition that in this case the spleen was considerably enlarged.

Osler(2), in his original account, calls attention to six other forms of telangiectasis besides the type under discussion:

(1) The "rosacea" of heavy drinkers.

(2) Small pinkish spots without visible venules which fade completely on pressure and which appear suddenly and may last for several years.

(3) Small nodular forms of a bright crimson purple colour which may be congenital, but which form such a common senile change in the skin as to be popularly connected with abdominal cancer—a disease of the same period of life.

(4) The spider "nævus araneus"— a disfigurement sometimes seen on the skin of the eyelids and cheeks of children and young girls. This type has also so remarkable a connection with cirrhosis of the liver as to be almost a diagnostic indication; and it was possible on this assumption that the woman whose case I am describing was diagnosed (much to her resentment) some years ago at an infirmary as "cirrhosis" and told "not to go on drinking too much," there being now no evidence of enlarged liver or portal obstruction.

(5) The "mat" form, occupying 1½ to 4 in. of skin "of a vivid pink, but without the depth or intensity of a common birth-mark."

(6) A rare form, the French "telangiectases essentielles," which are generalized and acquired.

Lastly there is the multiple hereditary form with recurrent hæmorrhages.

There were at least eight families up to that time (1907) described by various observers as subject to this affection in which epistaxis alone or accompanied by telangiectasis was unusually prevalent, and there was a solitary man in whose family so far as was known there was neither of these conditions. The present case appears to correspond to the latter, although epistaxis in the patient's family has not been absolutely excluded, especially as the disease is known to have been dormant in one parent for more than one generation (McKinstry) (1).

A married woman, æt. 65, a machinist, was admitted to the Hospital under Dr. Langdon Brown on October 13th, 1928, complaining of weakness and abdominal pain and indigestion.

History.—About ten years ago she noticed the red spots on the face and hands, which appeared to "come out" singly or in crops, attaining their maximum size in three months and fading over about the same period of time. Three years ago she had a thrombosis in the right calf and was diagnosed in the infirmary as cirrhosis of the liver.

In the course of 1926 she had an attack of dry pleurisy on the right side; a large telangiectasis on one of her fingers bled profusely and she had to obtain treatment for it; and finally her eyesight became "bad," a "spot" appearing for about six months in front of the left eye and having always persisted, though to a reduced extent. During last year she began to have a severe aching pain over the left lower ribs and hypochondrium, not associated with food and probably due to the enlarging spleen. The pain lasted for three months. For some months she has had increased frequency of micturition with precipitancy, but not associated with pain or hæmaturia; and during that time has suffered much from flatulence and pyrosis immediately after food.

Two months before admission she had a severe epistaxis and shortly after, a recurrence of her pain under the left ribs brought her to this Hospital, where she was treated in Out-Patients for indigestion and constipation.

There was a past history of "smallpox" (though she had been vaccinated. She had had one child, which died at 3 weeks, she states, from "smallpox" at the time of her own attack, and there was no family history of epistaxis or of "spots."

On examination.—A healthy-looking woman of good nutrition, with no pallor of mucous membranes. On the face, nose, lips, tongue, inner sides of cheeks, hands and occasionally on the legs and feet were well-marked telangiectases exemplifying well the three types described by Osler:

(1) The pin-point.

(2) The spider form—the most common.

(3) The nodular variety, "which may gradually arise in the centre of a spider nævus and form a solid vascular tumour the size of a split-pea."

Of the last-named there was one on the tip of the nose, one on each side of the nares, one on the left cheek and one on a finger. She had bled from three of these quite profusely.

The spleen formed a firm, well-defined tumour the size of an orange and showed a well-marked notch. It was not tender.

The fundi, drums and urine were normal. The blood-pressure was 130/60. The blood-count was: Red blood-corpuscles, 4,560,000; white blood-corpuscles, 6000; Hb., 82%; colour index, ·89. The coagulation time was 2 min. 27 sec., and the bleeding-time 2 min. 36 sec., as compared to a control of 1 min. 40 sec.; both within normal limits.

She was treated, as Osler laid down, by large doses of calcium lactate, and the two nodular telangiectases on nose and cheek were touched with the electric cautery. After being in the ward ten days she was sent out to be observed as an out-patient.

Hutchison and Oliver(3) describe three cases of multiple telangiectasis with nose-bleeding of a familial type, of which two showed telangiectases on the buccal mucous membrane. One had vomited clotted blood; in one there was a dilated vessel in the ear-drum; in neither was there hæmaturia or melæna. As in the present case, one man suffered from much increased frequency of micturition, but none had the indigestion "which usually accompanies acne rosacea," and which was a marked feature of this case.

The bleeding-time was always unchanged; in one of Osler's cases the coagulation time came down with calcium lactate from 6 to 1½ minutes; in Colcott Fox's (4) case the coagulation time was 3 minutes 50 seconds, but in Sequeira's (5) case there was normal coagulation time.

For further references see Parkes Weber's (6) full account in 1907.

In none of the above recorded cases was the condition associated with splenic or hepatic enlargement.

McKinstry quotes Williams (7) as to the necessity of inquiring as to the occurrence of nose-bleeding in the personal and family in every case of spider nævus to obtain a true idea of the frequency of the disease.

The importance consists in the serious inconvenience from the skin hæmorrhages and epistaxis—4 of Steiner's (8) 171 cases having actually died of hæmorrhage—and in the fact that considerable benefit has occurred from the use of cautery and calcium lactate.

I am indebted to Dr. Langdon Brown for permission to publish this case.

(1) McKinstry, W. K—*St. Bartholomew's Hosp. Journ.*, May, 1927, p. 136.

(2) Osler, Sir William.—"On Multiple Hereditary Telangiectases with Recurring Hæmorrhages," *Quart. Journ. of Med.*, i, p. 53.

(3) Hutchison, Robert and W. Jenkin Oliver.—*Quart. Journ. of Med.*, No. 34, p. 67.

(4) Colcott Fox.—*Brit. Journ. Derm.*, 1908, xx, p. 195.

(5) Sequeira, J. H.—*Ibid.*, 1913, xxv, p. 157.

(6) Parkes Weber.—*Lancet*, 1907, ii, p. 160.

(7) Williams, C. M.—*Arch. Derm. and Syph.*, July, 1926, xiv, pp. 1–3.

(8) Steiner.—*Arch. Int. Med.*, February, 1917, xix.

Francis C. Roles.

THYMIC TYPES.

ALTERATIONS in size and weight of the thymus have long been associated with certain types of children and with definite clinical syndromes, and persistence of the gland is known to occur in certain diseases of adult life; but this by no means exhausts the interest of this body, the investigation of which is still in its infancy.

As regards its weight there is little unanimity in the text-books, but it is quite certain that anything over 15 grm. is abnormal at any age.

The only definite histological change demonstrated in enlarged thymus glands is a relative and absolute increase in the size and number of Hassall's corpuscles, but the significance of this very constant change is not yet clear.

From a series of cases of thymic deaths seen in children during the past eighteen months it would appear that there are two fairly distinct types of thymic subjects, both of which may be diagnosed during life. The first, and probably the commoner, type corresponds to the well-known text-book description, viz. a pallid, fat and flabby child, aged from 1 or 3 to 5 years, with large tonsils, a large spleen and generalized lymphatic hyperplasia. Physical signs of the enlarged thymus are to

be found in substernal dullness in the second and third spaces, usually extending more to the left than the right, and in a definite shadow in this situation in a radiogram.

These cases form a large percentage of anæsthetic deaths in childhood. They also are liable to suffer from attacks of asthma—"Kopp's" or "Miller's" asthma. The sexes are equally affected, but more males appear to die under anæsthetic, possibly from the incidence of circumcision. It is, however, the second group which is of such great interest, and which is not, as far as I am aware, described in any text-book. Six cases were seen in a series of 120 consecutive autopsies (5%), and the last four were diagnosed ante-mortem. There was a striking similarity in the history and clinical signs in all of them.

The typical history was the following: A healthy male infant, between 9 months and 2 years of age, who had been (or was still being) breast-fed and had no previous illness of any importance, and was big and well developed for his age, was brought into hospital between 3 and 7 a.m. "fitting" continuously. The parents stated that they were awakened by a cry and found the infant having a fit. Some had brought the child straightway to hospital, others had made matters worse by that deadly treatment of fits so dear to the lay mind, a mustard bath—of a surety the worst form of treatment ever conceived for this condition! In all the cases the fits persisted and no child regained consciousness. Terminal hyperpyrexia (*ad* 106°) was observed in two. Marked cyanosis and dyspnœa and inactive dilated pupils were the only definite findings, beyond signs of bronchitis quite insufficient to account for the cyanosis. In no case was the spleen palpable, nor were any other glands felt.

The various treatments employed were:

(1) Endotracheal oxygen.
(2) Subcutaneous luminal.
(3) Lumbar puncture.

Interest chiefly centres round the first and third of these, for they presented anomalous results. There was no obstruction to the passage of the catheter, and yet the cyanosis was not the least ameliorated by the oxygen administered.

Lumbar puncture produced a clear fluid (subsequently found to be normal) under considerable pressure, removal of which had no apparent effect on the fits. These were the only cases of fits seen in any child in which immediate cessation of the fits (whatever their cause) was not obtained after lumbar puncture.

The autopsies showed in all cases:

(1) A large thymus, 18–30 grm., almost completely surrounding the superior vena cava, and large veins, and extending down over the pericardium for 2 to 3 ins.

(2) A marked lymphatic *hypo*plasia—small spleen, small mesenteric glands, and small tracheo-bronchial glands.

(3) A myocardium free from fatty degeneration (said to be constantly present in the first type).

It is clear that death was due to cerebral congestion from obstruction to the great veins, but why the thymus should suddenly cause such compression is a mystery.

As the age at which this condition is encountered is usually under two years, the superior longitudinal sinus is readily accessible for puncture—the suggested line of treatment for cases diagnosed in time.

This type differs from the first in age, sex and general lymphatic hypoplasia—it is a true "*status thymicus*," not a "*status lymphaticus*," like the first.

The anæsthetic fatalities may belong to either group, and it is perhaps more than a coincidence that death tends to occur towards the end of the anæsthetic—almost when the child is waking—which is comparable with the onset in bed after some hours' sleep in the cases just considered.

Interest in the thymus does not cease here, however, for recent work in America has invoked its aid in differentiating pylorospasm from true pyloric stenosis, the former being associated with an enlargement of the gland and being amenable to radiotherapy.

Finally, in the adult cases of enlarged thymus the best known associated conditions are Graves's disease and Addison's disease, both showing some sympathetic dysfunction, and myasthenia gravis (of at present obscure pathogeny). Perhaps these suggest some sympathetic connection as part of the thymic functions, a theory further borne out by the fact that marasmic infants, with their scanty adrenalin, are found to be deficient in thymic tissue.

When a potent extract of thymus is available for therapy the results of its use will show more clearly the function of this undoubtedly important gland, which has hitherto been wrapped in obscurity.

WILFRID F. GAISFORD.

THE "SILENT GAP" IN BLOOD-PRESSURE ESTIMATION.

THE older method of estimating the systolic blood-pressure by palpating the radial artery at the wrist during compression, and subsequent decompression of the arm by the Riva-Rocci apparatus, has now been largely superseded by the

auscultatory method. The advantage of the latter method is that readings of both the systolic and diastolic pressures can be obtained. Occasionally, however, an error in the systolic may occur owing to the presence of a " silent gap " in the sounds heard with the stethoscope over the brachial artery.

The normal sequence of sounds that occur during the auscultatory method is as follows: The patient is placed in the recumbent position with the arm bared and extended. The armlet is fixed firmly round the arm as high as possible above the elbow, and the pressure rapidly raised to over 220 mm. of mercury, or, preferably, until the pulse at the wrist is obliterated. Further reference will later be made to this detail. The stethoscope is now applied without pressure over the brachial artery just above the bend of the elbow, and the pressure in the apparatus is gradually lowered. Complete silence occurs until the systolic pressure is reached, when a series of short taps or thuds is heard. This phase usually lasts for about 10 mm. Hg., and then, as the pressure is still further reduced, a soft murmur is heard, soon to be replaced by a succession of loud, clear, banging sounds. With a further decrease in the pressure dull, muffled sounds appear, and then fade away as the pressure is reduced. The diastolic pressure is that point at which the banging sounds are replaced by the dull, muffled sounds. This occurs usually about 5–10 mm. Hg. above the point at which complete silence is noted.

In a certain number of cases, particularly those having a raised blood-pressure, it may be found that after the sounds which indicate the systolic pressure have appeared, say, at 220 mm., they may die away completely whilst the pressure in the armlet is being reduced, till at, say, 180 mm. sounds again appear. There is therefore a " silent gap " in the sequence of sounds which should normally occur, and it is this gap which may cause an error in the estimation of the systolic pressure. In the above instance the systolic pressure might have been recorded as 180 mm. Hg. as there was no sound immediately above this pressure when actually it was 220. To avoid the possibility of an erroneous systolic reading being made owing to the occurrence of the " silent gap " two courses are open, and one should be followed as a routine in all blood-pressure estimations:

(1) The pressure should be raised to 220 mm. Hg. or over (the disadvantage of this is that some patients object to so great a pressure, and the second method is therefore preferable).

(2) Palpate the radial artery whilst the pressure in the bag is being raised, and continue to increase the pressure until obliteration of the pulse has occurred; then apply the stethoscope in the usual manner.

Cases exhibiting the " silent gap " phenomenon have been recorded by Tixier, Poulain and Gibson. The following two cases met with in the Out-Patient Department illustrate the condition:

CASE 1.—Male, æt. 43, complained of gastric symptoms. On examination his pulse-rate was 50. Radial and brachial arteries were thickened, and tortuous. Blood-pressure 230/130. A " silent gap " occurred between 200 mm. and 160 mm. Hg. On subsequent examinations it was observed that the silent gap was not always present.

CASE 2.—Male, æt. 63; " giddiness." Examination revealed the presence of premature contractions. Blood-pressure 232/110. " Silent gap " between 190 mm. and 160 mm. Hg. In this case also the silent gap was not a constant feature. An electrocardiogram showed left-sided preponderance, and some premature ventricular contractions.

The cause of the " silent gap " is not known, but in some cases it is believed to be due to unduly long compression of the arm, thereby causing venous stasis.

To recapitulate, the " silent gap " consists of a period during which no sound is heard during the decompression of the armlet. The short, sharp thuds indicating the systolic pressure are normal in character, but the soft murmur of the second phase may be replaced by a silent period extending over a range of from 20–60 mm. Hg. Below this point the sounds are again of normal type. During the " silent gap " the radial pulse is, of course, palpable.

My warm thanks are expressed to Dr. Graham for his kindness in allowing me to publish these cases.

W. A. ROBB.

A DEFINITE SYNDROME?

[*Comments upon this article are invited.*]

MAY I raise the question in your columns whether an association of common symptoms which I will try to describe occurs frequently enough to warrant the suspicion that patients showing this combination are suffering from a definite disease?

These patients give a history of *B. coli* cystitis, some " rheumatic " condition such as sciatica or lumbago, " indigestion," are very easily fatigued, and pass urine which has a curious unpleasant smell.

It is obvious enough that these are all common conditions, and that by coincidence alone two or more of them must occur at times in the same patient, but my experience is that they are all found together often enough to suggest a definite disease.

The easiest explanation is that these patients are the subject of an intestinal infection. There are certain diseases which are described as having been retrieved from the rubbish-heaps of rheumatism, hysteria, etc., and my suggestion is that there may be something here which could be sorted out by observation and research from the rubbish-heap of intestinal toxæmia. The patients I have in mind certainly lack some of the symptoms said to be characteristic of intestinal toxæmia.

The disease, if it is a disease, must last a number of years, and attacks anyone from a young athlete of the best constitution to an old maid with nothing to do. The patients have periods of good health and then relapse.

The trouble is certainly not due to constipation, and I have failed to find any focus such as the tonsils. The *B. coli* cystitis may be severe or slight, a single attack or repeated. The only point about it that has struck me is that the *B. coli* sometimes disappear very rapidly; the urine may be sterile within a week of acute symptoms. The rheumatic symptoms are the most troublesome, because the patients seem to be never free from lumbago, fibrositis or sciatica. The symptoms of indigestion are difficult to sort out, but appear to be those described as due to atonia. The liability to fatigue on slight exertion is very marked. The key-move in the problem seems to be the offensive urine. The smell is so strong that patients say they cannot pass it in their bedrooms. It is obviously not the ordinary smell of cystitis, but is very similar to that of a patient who has eaten a quantity of asparagus. The smell varies with the health of the patient, but seems to be independent of the condition of the urine; a path. lab. report may show *B. coli*, or it may show indol, but as often as not the report is of a perfectly normal sterile urine.

The evidence to be got from treatment does not throw much light on the cause. I feel confident that a thorough course of dimol removes the smell from the urine, which rather suggests something wrong with the intestinal flora. I think the patients benefit by a course of some vitamin food and U.V.R. baths certainly do good, and the digestive symptoms are relieved by P. D. & Co.,'s Metatone, but whether there is really some deficiency in diet, whether some food is poisonous to them or whether the cause is some defect of secretion are points for elaborate investigation.

I am well aware, Sir, that all this is very sketchy and unsatisfactory, but clinical pictures of disease, I take it, are like photographic plates in that the details emerge gradually by development—in practice a very slow process. The first question is whether (to continue the metaphor) there is anything at all on the plate. Or whether what appears to be the blurred outline of a picture is in reality caused by imagination or coincidence.

R. L. KITCHING.

THE OLYMPIC GAMES, 1928.

THOSE of us who were present at the Olympic Games of 1928 came away with a feeling of pride in our British heritage. Both the victorious and the vanquished in our team showed the fine qualities of determination and doggedness in the face of odds that belong essentially to the British.

Napoleon has described us as a "nation that never knows when it is beaten." Certainly one famous American coach, after the American disasters in the track events, was heard to remark, "For most of my life I have been trying to teach our American athletes that an Englishman is a darned hard fellow to beat, and they have not believed it."

The march-past of athletes on the opening day was a spectacle that could not fail to thrill the most phlegmatic. From an azure sky the sun poured down on a vast stadium fashioned in grey concrete and crimson brick, on the parapets of which flew the flags of the competing nations. The red cinder-track is 400 metres in circuit, and it surrounds an oval of green turf in the centre of the ground.

To the music of massed bands the teams of the competing nations entered the Stadium in columns of fours, headed by their respective flag and standard bearers, and, marching past the Royal box, dipped their flag and saluted the Prince Consort of the Netherlands. The order of precedence was arranged alphabetically. Some of the Olympic uniforms were particularly impressive, especially those worn by the German and Dutch teams.

It was interesting to compare the demeanour and physical development of the different nations. The Americans, marching with the care-free gait of the democrat, full of assurance, and apparently caring little for such ceremonies. In their ranks men of fine stature and physique—Goliaths, compared with us. The German team marched with the swing and steadiness of trained gymnasts. Amongst their numbers were some of the most beautiful figures that Nature has ever moulded. Some four or five ranks were composed of men varying from 6 ft. 2 in. to 6 ft. 7 in. in height, with broad shoulders and magnificent limbs. Their flaxen hair and deeply bronzed complexions showed the advances of licht-kultur in Germany to-day.

The German women athletes and gymnasts were also beautiful examples of magnificent health. The Italians

were vivacious and demonstrative, and the Dutch resembled the Germans. The French were absent from this ceremony.

The Olympic Oath was taken by a Dutch athlete, a fanfare of trumpets was sounded from the Marathon tower and a salvo of artillery fired. The bands played the "Marche de Triomphe," and the teams left the Stadium.

The racing started on the following day. It is almost impossible to describe in mere words the start, progress and finish of each of those epic struggles. It would need an Edgar Allan Poe to do justice to a description of the mental and physical torture that an athlete passes through preparatory to and during an Olympic final.

In the changing-room before the start of a race there is an atmosphere of tension, which is broken only by the sound of the "warning bell." A subterranean passage leads from the dressing-rooms into the centre of the arena. The coolness and tranquillity of this passage is a contrast to the blazing sunlight and the sound of an uproarious crowd that awaits one on ascending the steps into the arena. At the "mark" places are drawn for, the men dig their starting holes, and then silence reigns over all as they go down to the start.

The voice of the German starter rings out—"Auf die Platze"—"Fertig"—a pistol-shot, and with straining muscles they are off.

In the midst of many fine performances the running of Lord Burghley, Douglas Lowe, London, Rangeley, Rinkel, Livingstone-Learmouth and Gaby will live long in the memory of every Englishman who saw their performances.

The 400 metres hurdles was a titanic struggle from the sound of the gun until the tape was broken. At the last hurdle Lord Burghley, the two Americans and a Swede were almost level. All four of them looked terribly exhausted, and they lifted their legs as if made of lead. Lord Burghley's grit and fighting spirit carried him through a desperate finish to win by 2 ft. from Cuhel and Taylor of the U.S.A.

The 800 metres race was yet another classic event. It was the work of a craftsman, if such a term can be applied to athletics. Lowe's track tactics, strategy, beauty of running, and above all his indomitable courage gave him victory, the thrills of which mere words could never describe adequately.

Of the remainder of the Empire, pride of place must be given to Canada and South Africa. Williams (Canada) won the 100 and 200 metres, with all the dash a youth of nineteen possesses. Ball (Canada) almost won the 400 metres race, and was only beaten by inches on the post. Atkinson (South Africa) won the 110 metres hurdles, his great limbs sweeping over the hurdles in a beautiful style. Weightman-Smith was fourth in this race, and was unlucky not to be better placed, when one considers that he won the semi-final easily, and broke the world's record.

A testimony to the doggedness and courage of our nation was the Marathon race, the last of the athletic events in the games. The whole British team of six men fought on to the finish over 26 miles of cobbled roads, and all of them were within the first twenty. I believe that Great Britain was the only nation whose entire team finished. The unevenness of the roads and the square cobble-stones of the Dutch highways tortured their feet and legs for miles. Payne and Wright were terribly lame, but the sight of Bignall was the most moving of all, because of his extreme youth and his fine spirit. For the last fourteen miles of the race this boy suffered what must have been agony, but he refused to give in. At the finish he was deadly pale and semi-conscious.

The other three heroes were Ferris, Harper and Wood.

Last impressions.—The Press pour forth much criticism, mostly adverse, at the termination of each Olympic Games. These critics could never have moved amongst the athletes of the various nations, or they would not say or write the things they do. In the Stadium events there were no unfortunate incidents; men played the game hard and cleanly. Fencing, boxing and wrestling, which takes place outside the Stadium, are games involving physical contact between opponents, and quick thrusts and blows make a fair judgment difficult. In these events unfortunate incidents sometimes occur. But year by year men of all nations are learning to be chivalrous in victory and generous when defeated, and to abide by a referee's decision.

In Germany last year I was talking to a group of German athletes, and one of them said, "We, in Germany, will always regard England as being the Motherland of Sport, and whether England wins or loses we shall look to her to show the world how to play the game in the right spirit. If England withdrew from the Olympic Games her prestige in the world of sport would fall."

Not only should we lose our prestige, but we should lose the opportunity of making friends with the youth of other nations, and learning from them those things that we have not taught ourselves.

At the 1928 Games one could not fail to be impressed by the feeling of *bonhomie* amongst men of all nationalities, and by the genuine pleasure shown whenever the British Empire won an event, particularly by the Germans, who applauded our wins with about as much enthusiasm as their own successes. Incidentally, the general opinion was that no team outshone the Germans in sportsmanship.

The American team was a fine one, but as regards track events they did not shine. The strain of repeated "try-outs" before getting into the American team must be considerable, and leave a man unfit for any further good performance.

Looking over the stern of the boat bound for the "Land of Hope and Glory," and watching the coast of Holland receding over the horizon, one thought filled our minds, and that was that where the youth of the world is gathered together in some common cause, such as sport, there all is well. Who knows but that one day an International League of Young Sportsmen may quell for ever the voices of the war lords?

H. B. STALLARD.

AS OTHERS SEE US.

The following is an account of the history of an illness from the point of view of a patient. It is not usually the privilege of the medical man to enjoy such remarkably clear story-telling.

IT was at the end of August 1908, that I began to suffer from indigestion, at first merely discomfort after food which after a week or two would pass away, & not return for some months. But gradually the attacks became more frequent & more severe, causing sickness & confining me to bed, with little or no food for several days at a time. Our country doctor's treatment did me no good, but as I was quite well between the attacks I began to regard them as of not much consequence. However the pain became sharper, and the sickness (which always began at night) so severe, that in the autumn of 1910, my brother-in-law, a doctor who has a large practice near London, took me to see a well-known specialist in Harley Street. When he had asked me numerous questions and thoroughly examined me, to my surprise he chucked me under the chin (I being then the mature age of 48!) & said "Don't be frightened, not much the matter with you." This was comforting, but all the same he recommended an exploratory operation which took place in a London Nursing Home on Oct. 18th. Sir —— was the Surgeon, kind & charming as he is clever. He found the illness was caused by two patches of adhesions of the coats of the stomach one at the top and one at the bottom of the left hand side. These were broken up & my appendix removed. The doctors told me afterwards that I must have had peritonitis at some time & that the mischief probably began after two miscarriages (in 1903 & 1904). I got on well after the operation for a few days, but a sharp attack of bronchitis kept me back, & the coughing caused me great pain, but I was able to come out of the Home at the end of three weeks & very soon picked up my strength & was able to eat ordinary food with no ill effects. But alas! in a few months another attack of sickness brought me low, so in Feb. 1911 I went up to see Sir —— the Surgeon. On examination he found there was slight dilatation of the stomach of which there had been no trace before or after the operation. He gave me some simple remedies & recommended that if I was not all right in a few weeks, I should go to Dr. S, one of the consulting surgeons of St. Gs. Hospital. As a matter of fact, I had an awful night of sickness that very night & got home to the Midlands feeling very bad. I did not improve, so in a few weeks I went up to see Dr. S. who put me under the Rontgen rays at St. —'s. He found that there was slight dilatation but not enough to account for the sickness and discomfort, which he thought might be caused by the general upset of the operation. He ordered me some further simple remedies & wished me to see him again in six months, but he became ill, & gave up his practice in London within a few weeks, so I did not. At the beginning of May I took my two boys to school, going myself to stay with my sisters at W. near by. The night I arrived I had a terrible attack of sickness, & my Sister's Doctor, who has a great reputation in the neighbourhood was called in. He spoke to me then of the short circuit operation, but said he could not advise it at my age. He told my Sisters that he thought very badly of my case & did not expect me to recover my health. After a few days when I got better he gave me a strict table of diet, I was to eat nothing which would not go through a quill. No seeds or skins, have very little to drink & rest 14 hours out of the 24. I carried out this treatment most thoroughly, on my return home, but the sickness got worse, though I did not have so much pain as before. I got miserably thin and felt almost starved. At last one day about the end of August, there was a village entertainment on our lawn, I was too unwell to be present, but supper being laid I sneaked down to the dining room & feeling absolutely famished, I helped myself to a good portion of cold tongue & bread & butter, which I ravenously devoured, regardless of consequences. Strange to say, from that moment the sickness ceased, & I gradually worked back to ordinary health & digestion.

In this happy state I continued for nearly 14 months. But, in October 1913, the trouble began again. Again my country Dr. could do nothing to relieve me. I became so poorly that my brother-in-law insisted on my staying at his house for six weeks under his constant

supervision, he found my stomach much dilated & said as Dr. S. had told me before that the use of a stomach pump would give me the best relief but they could neither of them bring themselves to order it. Instead, he recommended me to use bi: car: of soda in hot water whenever I felt discomfort, in order to induce sickness. I was also to keep on the dryest of diet, & drink only 2 v. small teacups of coffee in the 24 hours. After six weeks of this treatment I improved greatly & kept better, on more or less ordinary food, but taking very little liquid, & that between meals, till the next October 1914, when my symptoms became worse than ever. I went back to the strictest dry diet, & used to drink quarts of hot water with the bi: car: of soda, making myself sick before meals so that I could sit at table with my family & pretend to enjoy my food. The nights were the worst times always: but this I kept to myself. I got worse & worse & became so emaciated that I could see every bone in my body & I think all my neighbours felt I was not long for this world, my poorer friends frankly told me so!

Then happily for me, a clever young doctor came as partner to our old friend, he took a great interest in my case & insisted on my staying in bed for 3 months. For the first six weeks of this I lived entirely on Benger's food, but at the end, I was no better, so he tried me on even stricter dry diet than I had been before. At the end of 3 months, I was allowed to get up, but only to lie on a sofa. He then wished me to go to the sea in S. Devon. I had a bad attack of sickness again & had to postpone my journey for several days, but eventually I went to a place near Teignmouth for 3 weeks. During that time I felt frightfully bad, & was dreadfully sick at times, the worst as always being at night. Happily I got home to the Midlands without mishap, but a week after my return, I was going to bed feeling very sick about six o'clock. I was sitting on the floor which made it easier for me, when I suddenly felt very faint, & a violent attack of hemmœrage came on; I managed to call for help, though I was almost fainting. My husband rushed in & tried to lift me on to the bed, when the hemmœrage came again *both* ways. They tell me I threw up quarts of blood, & it was so bad that sheets and blankets had to be burned. My clever Dr. was away, but our old friend came about 10 o'clock, & laughed & chuckled as he stood by my bed. "Now, we know whats been the matter with you; Gastric Ulcer." (I hope I have made it clear that my case had been a puzzle to the profession all long—13 doctors in all!) He said he would wire at once for Dr. C. the chief surgeon at the —— Infirmary. Meanwhile, he left no instructions, there was only an untrained villager to look after me, as my maids were young, & I got out of bed, & sat up & rolled about as I liked. I could not keep down even a drop of water. This happened on *Friday* Aug. 19th, 1915. When it was almost impossible to get doctors & nurses in the country, & Dr. C. could not come to see me till the next *Tuesday* afternoon. After examination, he said I must have the short circuit operation, but must be fed artificially for a week before. Fortunately he managed to procure a Nurse, who arrived at 10 p.m. I believe if she had not come to give me food I should have collapsed that night, I know she expected me to, every minute & she was in great fear lest the hemmœrage should return. Well to make a long story short on the next Tues: I was taken into a Nursing Home at —— & Thurs. Sept. 2nd, Dr. C. performed the operation. When I came to myself about 6 p.m. I was in dreadful pain, but after an injection of morphia I felt practically no more discomfort. I made the most wonderful recovery, & could have left the home at the end of a fortnight. & from that moment to this—twelve years, I have been able to eat & digest my food like a normal person. The Drs. told me that my stomach was a mass of adhesions which would have taken hours to disentangle. They too thought that I must have had peritonitis, and Dr. C. was of opinion that I had been born with too thin a coat to my stomach. Personally I can't believe this as until the illness began in 1908, I had never suffered from indigestion in any form.

Jan., 1928.

DESCANTS OF THE DISTRICT—II.

IT was a sleepy District clerk,
Called forth from bed at three,
And he hath taken his bag and drum
To bear him company.

At last the heir his voice did raise
In tones exceeding shrill;
The clerk sat down awhile to praise
His own obstetric skill.

The gamp retired to celebrate
And ease her weary limbs:
Full soon the walls reverberate
With Bacchanalian hymns.

But now the ghost of all our dreams
Which haunts the District man—
With precious gore in ruddy streams
The P.P.H. began.

The clerk arose to diagnose
The patient's sudden pallor ;
Forthwith to wake the gamp he goes,
And makes a woeful clamour.

With douche and pipe and all his skill
To stem the flood he tries ;
Though streaming gore increasing still
Pours forth before his eyes.

" O, doctor, I hear a rushing sound ;
O, say, what may it be ? "
The clerk replied and bravely lied,
" It's the gamp who's making tea."

A c.c. of pituitrin
With skill he now injects,
And all in vain he looks again
To watch the drug's effects.

The father came up with a yell and a bound,
" The ceiling's red ! " cried he.
The District clerk he never looked round,
But gave her another c.c.

At last compression he applies
With all his might and main.
A neighbour for the extern flies ;
Alack ! he goes in vain.

The patient now was past his aid,
And Death had claimed his prize.
The clerk held on for still the gloom
Obscured his failing eyes.

But now at last his end drew near ;
He raised his weary head,
To gaze with misty vision on
The crowd around the bed.

" I've managed many labours with a skill that is unique,
And been to Dr. W——d S——w for coaching twice a week.
Although this is my twenty-first, I'm not ashamed to say
I've not had more than fourteen up till now who've passed away ;
And though I'm rather young it's true, I'm quite prepared to die.
(I've put the silver nitrate in the infant's streaming eye.)
I wot it is a lovely thing to die in duty's cause."
Now this remark was greeted with tumultuous applause.
With his dying breath he shouted in his gallantry and pride,
" Though time will wait for no man, yet I've stemmed this purple tide ! "
And he fell upon the bed and he died.

* * *

Sir B—rn—rd examined their mortal remains and everyone held his breath,
As in reverent strains Sir B— explains the probable cause of death.
" Her abdominal wall was extensively bruised, a hole in the fundus was seen,
And between the two it is strange but true he was bravely compressing the spleen ! "

The coroner mopped his streaming eyes, and " Jurymen all," he cried,
" A tale you've heard of a District clerk who did his duty and died.
Full many a gallant gentleman has earned a right to fame,
But this is one recorded alone in the annals at Golden Lane.
In all my lengthy coronership I never before have seen
Or heard of a gent who was fully content to die compressing a spleen.
His name it is a glorious name and evermore shall live,
And ' Death from natural causes both ' is the verdict you must give."

F. W. J. W.

EXCHANGE AND MART.

INSPIRED by the letter which appeared in these columns last month urging that the JOURNAL might be of assistance in the disposal of surplus articles, I have approached members of the Staff with a view to ascertaining whether they would find a use for such a section. The response has been immediate and complete, and I am enclosing a list which I have collected during my preliminary inquiries feeling that it may be of some assistance to you in this new departure.

FOR SALE.—A gent.'s black dress shirt with collar to match, only worn once.

EXCHANGE.—A jovial surgeon would exchange a khaki tie (rather faded), some pieces of Poole pottery and a manual on Education for novels by Edgar Wallace.

A SPECIALIST has seventeen cadogans, a panama hat, several vests and a shooting-stick which he would exchange for a sufficiency of ·4% (not 4%) methylene blue solution.

A SCIENTIST wishes to exchange a suspensory bandage for a good manual on Poison Gas.

SPLENDID CAR.—Would exchange a Crossley motor car—1928—fitted with every up-to-date bath-room accessory for a wireless set suitable for use in an operating theatre, capable of being sterilized. Also books on food for sale cheaply.

FOR SALE.—100 dollars the lot. Ten *very good* portable operating theatres, a Kiwi Oobang (imported from Australia, and *very good*), and a collection of household books (all *very good*).

A GOING CONCERN.—Expensive motor-car—suit big physician—a nice pipe and a first edition of the popular song, "Don't do thaat to the poor pussy caat." Offers wanted.

A PHYSICIAN has four cupping-glasses, three wooden stethoscopes, a late 1830 coach, and a bottle of "liquor epispasticus" for exchange for a sphygmomanometer.

IF THE ELDERLY GENTLEMAN who was so kind to the young lady in Slater's the other day. and who informed her that he was "The Old Bean," would communicate with Box XYZ, he can have his tin of worms back.

CHEAP.—A doctor has a bottle of liquid paraffin, a typewriter, a couple of grape-fruits and a fire extinguisher for disposal privately. Scottish readers need not apply. KONE.

STUDENTS' UNION.

ABERNETHIAN SOCIETY.

A meeting of the above Society was held in the Medical and Surgical Theatre on Thursday, October 25th, the President, Mr. E. T. C. Spooner, being in the Chair.

The minutes of the last meeting having been read and confirmed, the Inaugural Winter Sessional Address was delivered by Dr. C. J. Singer, M.D., F.R.C.P., on "Leonardo da Vinci as a Man of Science."

Leonardo's early life was first briefly described, stress being laid upon the fact that he was ill-educated and illiterate, his writings for the most part consisting of mere jottings.

As a man of science he could be studied from three points of view: Firstly as a mathematician and engineer, who devised compasses, lenses, quick-firing guns, fortifications, dredgers and flying machines; secondly as a naturalist, who painted men and nature with a very high degree of accuracy for small details (his output as an artist was small); and thirdly as an anatomist and physiologist. His greatest achievements were attained as an anatomist and physiologist.

Leonardo was an ardent dissector who accurately recorded the structures he found by detailed drawings. He discovered and described the moderator band in the interior of the right ventricle, and more than one other anatomical structure, as the antrum of Highmore, should be credited to him. The method of examining the relations of different structures one to another by a series of cross-sections at different levels was first made use of by him, as well as describing structures with regard to the three dimensions in space. As a physiologist he, amongst other things, investigated the movements of the heart by transfixing it with a long pin, and watching the oscillations of the exposed portion. Leonardo left numerous papers relating to physiology.

Lantern-slides illustrating Leonardo's inventions and other achievements were thrown on the screen during the address.

Prof. W. E. LE GROS CLARK, in moving a vote of thanks, said that he himself was amazed at the extraordinary genius which Leonardo displayed, and deplored the fact that art and science no longer proceeded hand in hand.

Mr. EYTON-JONES seconded the vote of thanks, which was carried with acclamation.

HOCKEY.

ST. BARTHOLOMEW'S HOSPITAL *v.* GUY'S HOSPITAL.

September 29th, at Winchmore. We opened the season with a win against Guy's of seven goals to three; our opponents were playing one short.

There were several changes in the team from last season. Windle and Attwood have left us. The latter having been with us for seven seasons, is, so current report states, the mainstay of the St. Albans club, and the darling of the flappers on the touchline. The other changes were Hartley at wing-half, McCoy to the forward line, Hodgkinson in goal, and White, a freshman, at right back.

We won the toss and defended the lower end. The ground was very hard and somewhat bumpy, making ball control difficult and stud nails to pierce the feet.

Our forwards were superior to the Guy's defence, and goals were scored by Francis 3, McCoy 2, Symonds 2, and Neill 1.

The Guy's forwards were dangerous in the circle, and Hodgkinson saved well several times.

The halves played a sure and steady game, feeding their forwards well and breaking up many a Guy's attack. White at back played a very useful game, tackling and intercepting with judgment.

Team: H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); K. W. D. Hartley, W. F. Church, M. S. M. Fordham (*halves*); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* BECKENHAM II.

October 13th, at Winchmore. We beat Beckenham by six goals to two. They opened the score by breaking through on our right, their wing centred and a first-time shot by their inside-right gave Hodgkinson no chance to save. The defence had been caught napping.

Francis broke away and scored soon afterwards. Beckenham replied from a corner. Up to this point play had been even.

Our forwards were now combining well, and quickly put on two more goals before half-time.

We added two more goals in the second half, but the forwards were combining badly and play deteriorated. In the latter stages of the game Beckenham launched several hot attacks and Hodgkinson was called upon to save on several occasions.

Francis scored four goals, McCoy two, and Williams one spectacular goal which was hit by the reversed stick and after cannoning off several legs, went in off McCoy's red stockings.

Team: H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); K. W. D. Hartley, W. F. Church, J. H. Hunt (*halves*); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (*forwards*).

ST. BARTHOLOMEW'S HOSPITAL *v.* WOOLWICH GARRISON.

October 20th, at Woolwich. During the week there had been a great deal of rain which made the pitch in ideal condition for hockey.

We won a rather uninteresting game by eight goals to *nil*. Winning the toss we played downhill with the sun behind us. Play was confined to our opponents half for the greater part of the time, and goals were scored by Francis 6, and Symonds 2. In the later stages of the game the Garrison were unlucky not to score on one or two occasions.

After tea we were invited to sample their old brown sherry, and returned home in excellent spirits.

Team: H. L. Hodgkinson (*goal*); F. C. H. White, P. M. Wright (*backs*); K. W. D. Hartley, W. F. Church, J. H. Hunt (*halves*); A. G. Williams, J. W. C. Symonds, R. H. Francis, F. H. McCoy, E. J. Neill (*forwards*).

ASSOCIATION FOOTBALL.

ST. BARTHOLOMEW'S HOSPITAL *v.* CUACO.

(First round, A.F.A. Cup.)

The first match of the season was our cup-tie *versus* Cuaco in the 1st qualifynig round of the A.F.A. Senior Cup. Cuaco is a team in the Southern Amateur League, and we may consider our win over them by 2 goals to 1 an extremely gratifying beginning to the season.

The game was played at Winchmore Hill. Phelps won the toss, and playing towards the pavilion end. Bart.'s early took the lead through Gibb. No more goals were scored during this half, but

early in the second half a splendid goal by Sykes increased our lead Almost immediately afterwards, however, Cuaco scored, and from this time onward they strained every nerve to equalize.. Nevertheless the Bart.'s defence held out, and we thus qualify to meet Winchmore Hill in the second round.

The game was fought out at a great pace, and the form displayed was the more pleasing as it was so early in the season. The team appears more promising than that of last year, the two new men, Sykes and McGladery, proving an additional source of strength.

REVIEWS.

ST. BARTHOLOMEW'S HOSPITAL REPORTS. Vol. LXI. [Space not having permitted anything like adequate representation of Chapters XI, XII and XIII in our last issue, these will be dealt with here.]

In "The Lead Treatment of Cancer" Mr. Hume reviews the investigations carried out by the Standing Committee of the Medical College under the chairmanship of Sir Thomas Horder, appointed along the lines started by Prof. Blair Bell in Liverpool.

The selection of cases had to be very carefully done, operable moribund cases or those with atrophic types of growth excluded, as were any cases of growth of the alimentary tract. Any patient with hepatic, renal or blood deficiency was marked down by thorough preliminary investigation. The type of growth was, in all cases, confirmed histologically. The preparation "S 7" came direct from the Muspratt Laboratories of Liverpool University, and was eventually used instead of choriotrope, which produced too severe reactions, and in order not to complicate the issue lead selenide was only used on one case.

Intravenous injections of 15 c.c. repeated in a week, and subsequent weekly injections totalling 50 c.c. of lead colloid, formed a first course of treatment when the patient's condition admitted, he being if necessary readmitted after one or two months for a second course of another 50 c.c. After a second interval a final course of 20 c.c. was to be given.

The general management of the treatment, the routine investigations required and the reactions to be expected are all carefully discussed. The summary of results is divided into (A) cases being treated solely with lead, and (B) with lead followed by deep X-ray treatment. The figures speak for themselves. Of A there were 13 cases, of which 11 have since died and the remaining 2 have not been improved. Of 7 cases in Group B (sarcoma of nasopharynx) one was much improved after X-rays, but in no case was improvement demonstrated during lead treatment; and the owner of the carcinoma of the heart into which lead was directly injected (on the principle of colloidal copper) died five weeks from the first injection. Mr. Hume is eminently fair, but perfectly definite in finding that not only did the lead do no good, but the average expectation of life of thirteen weeks would have been considerably greater if not treated Studies made on excretion of lead in the urine show that while there is a fall in excretion following the rise due to the first injection, a maximal figure is maintained for at least three weeks after the third injection. Finally a detailed account of 20 cases is appended.

Dr. Geoffrey Bourne found that in a woman with exophthalmic goitre the 2 : 1 heartblock became on deep inspiration of 1 : 1 rhythm. He used this to prove by the usual means, injections of atropine, pilocarpine and adrenalin, ocular pressure on both eyes and on the vagi, effects of exercise and emotion, that during inspiration there is an increase of the acceleration or sympathetic tone. Dr. Geoffrey Bourne, it will be remembered, recently demonstrated this at a meeting of the Clinical Section of the Royal Society of Medicine in the Library.

In all but three of Mr. J. P. Hosford's fifty cases of acute osteomyelitis occurring in the wards, mostly between 1921 and 1925, the interior of the bone was involved, this forming a strong point in favour of exposing and draining the bone at the first operation; diaphysectomy must be employed with discrimination, and used only in young persons when the medullary canal is involved in almost its whole length; the operation should be made as far as possible a bloodless one by using an Esmarch's bandage; "vigorous curettage of the medullary cavity is to be strongly condemned," and "cancellous bone should not be removed in great quantity, as it is important for bone regeneration." This is the first account of the subject in the *Reports*, except for six cases described by Sir Holburt Waring in 1893, as occurring when he was house-surgeon.

[Apologies are due to Mr. Langton Hewer for the statement in the review of his report on "Anæsthesia in Thoracic Operations," that nitrous oxide ether anæsthesia was the anæsthetic of choice; nitrous-oxide-oxygen anæsthesia was, of course, meant.—ED.].

THE ESSENTIALS OF MEDICAL DIAGNOSIS. By Sir THOMAS HORDER, Bart., K.C.V.O., M.D., F.R.C.P., and A. E. GOW, M.D., F.R.C.P. (London: Cassell & Co., Ltd., 1928.) Pp. 682. 19 plates and 27 figures. Price 16s. net.

The book is arbitrarily divided into sections dealing with the greater physiological systems, with subsequent sections upon the blood and blood-forming organs, the joints, the ductless glands and the skin. Each section is commenced with a brief and elementary physiological and anatomical consideration of the system treated, described rather from the clinical than the strictly scientific aspect.

There follows in each case a clear and simple description of detailed examination, and the differential diagnosis of main signs and symptoms. The diagnostic aspects of clinical findings are indicated concurrently with the descriptions, which contradicts the teaching of some that all facts should be elicited before they are submitted to any diagnostic processes. The authors argue that the presence of a tentative diagnosis, if kept sufficiently nebulous, indicates special points in the examination which otherwise might be missed entirely.

The danger of preconceived prejudice in this method is certainly present, but it seems to us that a mind so easily prejudiced will hardly benefit by a rigorous mindlessness during an examination. Again, no diagnosis can be made that is not thought of, and it is likely that more suggestive ones will be considered during the free and perhaps partly subconsciousness of association of ideas during the examination than by a set piece of logical thinking at the end.

To each section is appended a brief description of the clinical pathology and the more proven pathological tests.

A short section dealing with pyrexia is worthy of special mention.

If there was any particular point to be emphasized in the consideration of this manual *qua* manual, it is the laudable way in which it avoids sudden outbursts of small print, with their consequent and recurrent dilemmas to the reader, who has to decide each time the relative value of the information given. This is another way of saying that the make-up of the book is satisfying. The paucity of illustrations serves to point the moral that the patient is the main illustration of the text.

Those which are present are good, especially the representative X-ray photographs.

There are a few errors, perhaps inevitable in a first edition. On page 18 it is stated that in R.D., K.C.C. > A.C.C.; the reverse is stated on page 158. On page 509, line 29, surely *ureter* should read *urethra*?

Apart from these minor blemishes, the book can be unhesitatingly recommended both to the student commencing his studies and the man who has left his far behind.

ON BEING A FATHER. By E. M. and K. M. WALKER. (Jonathan Cape, Ltd.) Pp. 192. Illustrated. Price 5s. net.

Perhaps it is because a father is notoriously a hack-horse who has heroically sacrified for the State everything except a passion for the morning paper and a new-found punctiliousness with regard to his job in the City, that anything like a sparkling or happy description of fatherhood had not yet to our knowledge been produced. The father who is the part author of this book has certainly not lost his sparkle, but perhaps he has not been at it long enough. And this book, thank Heaven, as the introduction says, is "No radiant fatherhood or anything sentimental." The difficulty of reviewing it has been much increased because everyone who saw it in our rooms has picked it up and proceeded to read it straight through.

Part I, "The Expectant Father," is the comparatively heavy pill which is so deliciously coated by Part II, "The Father." But the pill part of it is so necessary and so skilfully dispensed that even to the most Stopes-and-Haire-saturated mind it must appear new and interesting. This, we think, is largely due to a retained sense of humour—it being apparently usual to regard joking as evidence of bad taste in dealing with sex.

The mirth bubbles over, especially in "Animal Fathers"; for the authors very wisely consider a biological introduction as necessary to fathers as it is subsequently to children, and a study of

Pyecraft provides many opportunities. "Fertilization" contains a commentorial description of mitosis (with an apt comparison with "a dance of magicians engaged in the work of creating a new being"), and an up-to-date discussion of sex determination.

Mendel, Galton, Karl Pearson, Goddard, Stockard, Pawlow and Weissmann flit across the pages of Chapter III on "Heredity," and subsequently sterility and birth control are treated with the same high standards of fairness and good reading.

Chapters VI and VII on "Pregnancy" and "Childbirth" are in our opinion the most valuable in the book, and contain such an amount of knowledge hitherto unobtainable by the average father as to make the five shillings a very cheap price to learn. For then of all times has the husband got to express intelligently his sympathy with his wife, or else give over any attempt at learning premarital companionship. Incidentally we were delighted that Rose Macaulay's classic *Mr. Thinkwell* should be given a chance to air his views again. The story about the playwright and his fourteen-mile walk was a new one on us, but we have brought it off since with effect (and due acknowledgments). And it was a most kind thought to remind one of that postcard to the M.O.H., for he is the evil party who absolutely must be informed if not invited to the christening.

Having jumped the first fence and successfully produced a child without losing his seat, the jockey will now have two cantankerous mounts to control. And here the real fun begins; and we would only spoil it by attempting to describe it. The chapter on the "Growth of Fear" is largely based on Dr. Watson's experiments in "Behaviourism," and fear, jealousy and shame are shown to be nasty weeds which most parents appear to take a pride in sowing and cultivating.

The last chapter, "On How to Behave," has been of great use to us. We fear, however, that it is likely to be suppressed by Government because the statement, "Do not take geometry, algebra or graphs at your boarding-school unless you are going to be a doctor or a teacher or a professor," is likely to lead to a serious lack of candidates for these essential professions.

We don't like the "Father's A.B.C." at the end merely because we are not fond of A.B.C.'s—they are so difficult to read and such fun to write.

Cecil Delisle Burns is certainly not over-complimentary in the Introduction, which is so full of epigrams that we had to read it twice to discover this, and we feel that even though coal-miners and railwaymen do not have monthly nurses, yet they will get the same pleasure out of reading about them in this book as they do in watching films of millionaires' orgies; and *we do* enjoy crawling about the floor on our stomachs. Anyway there is "not much harm" in not crawling.

The illustrations by Violet M. Guy are thoroughly in keeping, and she uses her powers of line and mass rhythm with great expressiveness, especially in "The Haphazard Methods of the Past," "Their Nurses Regaling each Other with Tragic Stories," "A Patient's Logical Chain of Arguments," and "No Lack of Harmony Between his Parents." One of the pictures is mostly title, *viz.* "Human Spermatozoon under High Magnification."

This review has already assumed unusual proportions, but then its subject is quite a new departure, and is to be rated, perhaps, a Father's Koran, except that Mohammed could not avail himself of the beautiful production of Messrs. Jonathan Cape.

Lastly, we have started reading the *Log of the Ark* again.

AIDS TO PSYCHIATRY. By W. S. DAWSON. Second edition. (Baillière, Tindall & Cox.) Price 4*s.* 6*d.*

The reason for the appearance of a second edition of this book, four years after the first, is not clear, for there is very little new—beyond one misprint—and "goitre" is still misspelt "goiter."

Despite the good results obtained by many with the Narcosan treatment in drug addicts, no mention of it is made here, nor are the alternative treatments in G.P.I. (*e.g.*, tick and rat-bite fever inoculation) given, and though the Langé curve is discussed and the results tabulated, no heed is given to disseminated sclerosis, with its paretic curve, though purulent meningitis (an unlikely difficulty in differentiation from G.P.I.) is mentioned.

The Parkinsonian syndrome has been added to the differential diagnosis of melancholia, but encephalitis remains untouched, and though many cases of suicide have been reported as a sequela, this condition is not mentioned in the list of "suicides."

In treating *status epilepticus* the old answer "Enema followed by chloral *per rectum*" is adhered to, and no word about lumbar puncture—the only certain cure known!

The only real addition to the book is a passing reference to Kretschmer's anthropometric basis of pyknics and schizoids in discussing manic-depressive psychoses, and this itself is open to criticism, as anyone may see!

A TEXT-BOOK OF PHARMACOLOGY AND THERAPEUTICS. By A. R. CUSHING, M.A., M.D., LL.D., F.R.S. Ninth edition. Revised by C. W. EDMUNDS, A.B., M.D., and J. A. GUNN, M.A., M.D., D.Sc. (London: J & A. Churchill, 1928.) Pp. 743. 73 illustrations. Price 24*s.* net.

The ninth edition of Cushing's Pharmacology has been thoroughly revised, and added to without notably increasing its bulk (and therefore its usefulness as a convenient text-book).

Among the additions to the sections are those upon Chaulmoogra oil, chenopodium and carbon tetrachloride, and upon the anæsthetic use of ethylene. The recently revived ephedrine is treated, though somewhat sketchily as regards its therapeutic uses.

In place of the section upon the endocrines the thyroid, parathyroid and pancreatic extracts are fully discussed under respective headings.

The other important change is more one of arrangement, in which the metalloids, *e. g.* arsenic, phosphorus and antimony, are dealt with, advantageously we think, together with the heavy metals.

Full references and full descriptions of preparations both in the U.S.P. (tenth edition) and the B.P. are given.

The revisers have certainly done a great deal (as they hoped to do) towards prolonging the active life of a standard work such as this. It can be candidly recommended as a book which pleases the eye as well as satisfying the mind.

A SHORTER ANATOMY WITH PRACTICAL APPLICATIONS. By E. WOLFF, F.R.C.S. (London: H. K. Lewis & Co., Ltd.) Pp. 451. Illustrations 130. Price 15*s.* net.

The author of this book is to be congratulated on the skilful way in which he has handled the difficult subject of writing a shorter anatomy. It is quite remarkable how much of the ordinary descriptive anatomy is included in so short a space; and much of it is given in considerable detail, yet it is all very readable. There are a great many facts of surgical and practical interest included and these are quite up-to-date, a point in which some books on surgical anatomy are far behind. Kanavel's spaces in the hand are well described and illustrated. The section on the arches of the foot is good. The cholecystograms which are shown seem almost too good to be true. Good descriptions of the lymphatics and simple surface markings are given, not in separate chapters but in the chapters on the different parts of the body, which is a good point.

We greatly appreciate the last chapter on ossification and epiphyses; it is clearly arranged and the eleven skiagrams given are much above the average seen in such books. We would, however, like to see two more—one of the tarsus at about two years and one of the elbow at about six years, in addition to those already given of these regions in older children.

The old terminology is used, but the new is largely given as well.

We can strongly recommend this book to all students who are revising their anatomy for any final examination, including the higher examinations in surgery, as it is quite the best book we have seen on "surgical anatomy."

DENTAL MEDICINE. By F. W. BRODERICK, M.R.C.S., L.R.C.P., L.D.S.(Eng.). (London: William Heinemann (Medical Books), Ltd., 1928.) Pp. 364. Price 21*s.* net.

With the widening of the scope of biochemistry in the elucidation and treatment of disease, the time has come when not only general medicine, but its special departments, are illuminated. The effects of changes in the acid-base metabolism of the body, and of the susceptibility of different types of persons to such changes are not yet fully understood. This book is an attempt to bring into line modern research in these matters with the ætiology and pathology of the two main dental diseases—caries and pyorrhœa alveolaris. As the book is intended for the dentist who may be without a general medical training, the first chapters are devoted to an exposition of the physiology of the endocrines, of acid-base metabolism and the production of alkalosis and acidosis.

Starting with the clinical fact that caries and pyorrhœa are distinct

and never found in activity in the same person, Dr. Broderick elaborates a thesis that caries is the outcome of a too acid saliva, which is itself a reflection of a metabolism tending to the side of acidosis. True pyorrhœa is the result of a too alkaline body reaction.

The eliminative, absorptive and endocrine factors are all considered, and the argument, judiciously carried out, is marred only by a certain amount of repetition which might have been avoided.

The chapters on treatment stress the impossibility of any rule of thumb method; the only golden rule to change the body reaction where necessary. The various indications are discussed in full.

The second part of the book, which deals with civilization as a factor in the problem, and with dental sepsis in relation to general medicine, makes stimulating reading; it is more suggestive, but perhaps less satisfying than the first part.

There is appended a full bibliography.

Dr. Broderick's thesis merits consideration and his theories deserve to be tested.

ACKNOWLEDGMENTS.

The British Journal of Nursing—The Bulletin of the New York Academy of Medicine—Giornale della Reale Società Italiana d'Igiene —St. George's Hospital Gazette—Guy's Hospital Gazette—The Hospital Gazette—The Kenya and East Africa Medical Journal—Leprosy Notes —The London Hospital Gazette—The Long Island Medical Journal— St. Mary's Hospital Gazette—The Medical Review—The Middlesex Hospital Journal—The New Troy—The Nursing Times—The Post-Graduate Medical Journal—The Queen's Hospital Medical Magazine —Revue de Médecin—University College Hospital Magazine.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

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EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

Final Examination for the B.M., B.Ch.

Medicine, Surgery and Obstetrics.—Melly, A. J. M.
Pathology.—Hawking, F., Nicholson, J. C.
Materia Medica.—Jenkins, J. E.

The following degree has been conferred:
D.M.—Peel, A. A. F.

UNIVERSITY OF CAMBRIDGE.

Diploma in Medical Radiology and Electrology, April, 1928.

Part I.—Farr, F. J., Topham, E. J. E.
Part II.—Daniels, J. J. N., Park, S. D. S., Rich, W. G., White, C. F. O., Wilkie, J.

Diploma in Medical Radiology and Electrology, July, 1928.

Part II.—Farr, F. J., Imrie, D. A., Morrison, C. J. R., Topham, E. J. E.

UNIVERSITY OF LONDON.

Diploma in Psychological Medicine.

With special knowledge of Psychiatry.—Smith, A. W. H.

UNIVERSITY OF DURHAM.

The following degree has been conferred:
M.D.—Reindorf, C. E.

ROYAL COLLEGE OF PHYSICIANS.

The following have been admitted *Members:*
Gaisford, W. F., Parsons, F. B., Spence, A. W., Thrower, W. R.

CHANGES OF ADDRESS.

ALLOTT, E. N., 1, East Grove Road, Sheffield. (Tel. Broomhill 61307.)
ARCHER, C. W., "Windlesham," Braidley Road, Bournemouth.
HEATH, A., 21, Hallowell Road, Northwood, Middlesex.
HERINGTON, C. E. E., Council Office, Erith, Kent. (Tel. Erith 428.)
HODGE, B. L., 41, Avonmore Road, W. Kensington, W. 14.
SHIELDS, D. G., "Crossways," Wroxham, Norwich.
STARKEY, H. S. CRICHTON, 2, Spring Grove Gardens, Queen's Road, Richmond, Surrey. (Tel. Richmond 3350.)
WALMISLEY, N., 130, Abbeville Road, Clapham Park, S.W. 4. (Tel. Brixton 2813.)

APPOINTMENTS.

ALLOTT, E. N., B.M., B.Ch.(Oxon.), appointed Assistant Physiologist to the Sheffield Royal Hospital.
HERINGTON, C. E. E., M.B., B.S.(Lond.), D.P.H., appointed Medical Officer of Health and School Medical Officer, Erith.
NORRISH, R. E., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the London Temperance Hospital, Hampstead Road, N.W. 1.

BIRTHS.

BROPHY.—On October 12th, 1928, to Jeanne-Gabrielle, wife of C. M. Brophy—a son.
BUTTERY.—On October 11th, 1928, at 1, Grimston Avenue, Folkestone, to Dorothy, wife of J. W. D. Buttery, F.R.C.S.E.—a son. (South African papers please copy.)
MOORE.—On September 24th, 1928, at a nursing home, to Gertrude, wife of C. Frank Moore, of Thurlow Park Road, Dulwich—a daughter.
SKEGGS.—On August 26th, 1928, at Bicknor Lodge, Stevenage, the wife of Dr. B. Lyndon Skeggs, of a son.

MARRIAGES.

JOHNSON—CORBEN.—On October 13th, 1928, at Trinity Presbyterian Church, Clapham, by the Rev. J. Smyth Wood, M.A., Reginald Sleigh Johnson, M.D., M.R.C.P., younger son of Mr. and Mrs. E. F. Johnson, of Beckenham, Kent, to Margaret Annie, youngest daughter of Mr. and Mrs. F. Corben, of Clapham.
OGIER WARD—JONES.—On Friday, October 5th, 1928, at St. Marylebone Church, Ronald, only son of Dr. and Mrs. Ogier Ward, of Addlestone, to Elsie Antoinette, daughter of Mr. and Mrs. David Jones, of Llandilo.
RICHARDSON—PETIT.—On September 27th, 1928, at Christ Church, Guildford, by the Rev. T. W. Graham, M.A., Geoffrey Bower, F.R.C.S.(Eng.), eldest son of the late Mr. H. L. Richardson and Mrs. Richardson, of Upper Norwood, to Marjorie Edith, eldest daughter of Mr. and Mrs. P. W. A. Pettit, of Guildford.

DEATHS.

BODVEL-ROBERTS.—At his residence, "Cresswell," Clarence Road, St. Albans, Hugh Frank Bodvel-Roberts, M.R.C.S., L.R.C.P., of Napsbury Mental Hospital, Clarence Road, St. Albans.
CARROLL.—On August 1st, 1928, at 3, Artillery Mansions, Woolwich, Louis Ely Reginald Carroll, L.M.(Dub.), M.R.C.S., L.R.C.P.
KELLOND-KNIGHT.—On October 5th, 1928, in London, Surgeon-Captain H. A. Kellond-Knight, R.N. (retired).
WARD.—On September 20th, 1928, Larner Botha Ward, M.B., B.S.(Lond.), aged 26.
WEAKLEY.—On October 18th, 1928, at 36, Melbourne Road, Ilford, Dr. S. J. J. Weakley, late physician and surgeon at Forest Gate for 47 years.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for Review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, *St. Bartholomew's Hospital, E.C. 1.*

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